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SIMON'S LECTURES, TWENTY-FOUR PAGES.

MEDICAL PROGRESS.

Delaware County Medical Society.—The following officers were elected for the year 1852:—

President.—Dr. Jesse Young, of Chester.

Vice-President.—Dr. S. A. Barton, Aston.

Secretary.—Dr. Robert K. Smith, Darby.

Corresponding Secretary.—Dr. George Morton, Concord.

Treasurer.—Dr. M. Emanuel, Marcus Hook.

Delegate to the American Medical Association.—Dr. Robert K. Smith, Darby.

Delegates to the State Society.—Drs. Smith, Emanuel, Martin, and Barton.

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Report of the Committee of the New London County Medical Society on the Medical Census of the County.—At the annual meeting of the New London County Medical Society, held at New London, Conn., April 8, 1852, the following Report was submitted to the Society, and a copy of it ordered to be placed in the hands of the editor of the *Medical News* for publication:—

The committee, appointed at the last annual meeting of this Society to prepare a Medical Census of the County, after a careful investigation, report the following results:—

The number of medical practitioners in the county, of all classes, is 123: of these, 82 are graduates of some Medical College, or Licentiates; 75 are in the regular practice; 51 of these are, and 24 are not, members of this Society; there are 6 Homœopathists, and 2 Hydropathists; 11 are Thompsonians; 9 Female Practitioners; 7 Advertising Doctors; 7 Druggists and Physicians; 7 Nondescripts, and 3 Natural Bone-Setters. These 123 practitioners are located in the 18 towns of the county, according to the subjoined table.

The population of this county, according to the census of 1850, is about 50,000.

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☞ *In no case will this work be sent unless the money is paid in advance.*

This should pay postage as a newspaper. Each number of the "Medical News and Library" weighs between one and two ounces. Subscribers will therefore, under the new postage law, pay in advance for each quarter as follows:—

For any distance under	50 *miles*	. .	1½ *cts. per quarter.*	
do. *do.*	*between* 50 *and* 300	. .	2½	" "
do. *do.*	*do.* 300 *and* 1000	.	3¾	" "
do. *do.*	*do.* 1000 *and* 2000	.	5	" "

It is usually estimated that one regular physician is required to 1000 inhabitants.

The above enumeration will show a crowded state of the profession in the county, there being one regular physician to 666 inhabitants.

In New London and Norwich the number is still larger—New London having one regular physician for 600 inhabitants, and Norwich one for only 555. The proportion in these two places is even greater than in the city of Boston, which has one regular physician for 610 inhabitants.

If we add the irregular practitioners to the regular physicians, we have in the whole county one practitioner for 406 inhabitants, in New London one for only 360, and in Norwich one for only 322 inhabitants.

These statistics your committee would submit with this reflection—that, amid the conflicting interests of professional life, it becomes us to cultivate forbearance, honesty of purpose, and fraternal regard; assured that, notwithstanding the partial favour ignorance and charlatanry may win for a time by its boastful pretensions, yet knowledge and integrity alone will ultimately command success.

Natural bone-setters	Nondescripts	Botanic practitioners	Thomsonians	Hydropathists	Homœopathists	Druggists and practitioners	No. regular practitioners	No. graduates and licentiates	Whole number of practitioners of all classes	
1	4	3	3	3	3	18	31	16	95	Norwich.
1	3	4	3	3	3	14	31	16	95	New London.
3	1	3	3	3	3	5	11	2	33	Stonington.
						3	3	3	6	Salem.
			3			4	4	2	6	Colchester.
			1	1		3	4	2	6	Montville.
			1			3	4	2	6	Groton.
						1	1	3	4	Waterford.
1			1				1	2	3	Lyme.
			1	1			2	3	5	East Lyme.
3							3	3	6	Franklin.
3							3	3	6	Lisbon.
							1	1	2	Bozrah.
							1	1	2	Preston.
							4	4	8	Ledyard.
							1	1	2	Lebanon.
1							3	3	6	Griswold.
				1			3	3	6	Griswold.
							3	3	6	No. Stonington.
3	2	2	11	6	3	9	75	75	193	Total.

JOHN D. FORD, M. D.,
SETH SMITH, M. D.,
Committee.

NEW LONDON, *April* 9, 1852.

Medical Society of the City of Reading and County of Berks.—After an attentive consideration of the principles upon which the American Medical Association is at present organized, and their unequal bearing upon the delegates of which it is composed, as set forth in the able and perspicuous discourse read before the Philadelphia County Medical Society, by Samuel Jackson, M.D., late of Northumberland, the Medical Society of the City of Reading and County of Berks unanimously passed the following Resolutions:—

1. *Resolved*, That this Society cordially approve of the views taken by Dr. Jackson in the paper above referred to, and strongly recommend the alteration of the plan of organization of the American Medical Association contained therein.

2. *Resolved*, That our delegates to the Association be strongly urged to co-operate with Dr. Jackson and his friends to have the suggested alterations adopted.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death while under the Influence of the Tincture of Chloroform. By WM. INGALLS, M. D., Phys. and Surg. U. S. Marine Hospital, Chelsea, Mass.—Emile, a sailor, 20 years of age, a Swiss, a tall and remarkably fine-looking man, entered this Hospital on the 10th of March, 1852. Report by those who brought him here, and subsequently made by himself during his convalescent state, was, that somewhere about the 20th of February, the great toe on his right foot was frost-bitten. About a week after this, was taken with fever, and his "bed-place" aboard the ship, which was bound to this port from Liverpool, was almost constantly wet, and he had not much care bestowed upon him. On arrival, the men made him drink.

He had ship-fever. At the time of entrance, he was under some considerable mental excitement—talking foolishly—had looseness of the bowels and eruption on the abdomen. As mental excitement subsided,

he began to complain of pain in toe, the last phalanx of which was black and hard.

The fever yielded rather kindly; but pain in the toe was great, very much more so than in a majority of the many cases of the kind, of fingers and toes, which here fall under our notice and treatment every season. The precise seat of pain was said by the patient to be, now on the inside of toe, now on the sole; once in a while he would say "all over." At last, perhaps on the 30th ult., I concluded such intense pain, which no applications seemed to alleviate but for a short time, must be caused by the condition of the matrix of the nail; and on the 3d inst. he concluded to have it removed.

Seated in the operating chair, a sponge wet with tr. chloroform (vide *U. S. Dispensatory*, 1851, page 848) was applied to his mouth and nose. He disliked the application very much, was refractory, and presently refused to breathe it. I explained to him the kind of operation he was about to undergo, and the exquisite painfulness of it; that this article was given daily, and so forth. He persisted that he would hold his foot himself, without the sponge; and with reluctance I proceeded to loosen up the skin from the nail, which caused, as was expected, great agony. He now said: "Give me that."

The sponge was wetted again, and in a very short time he fell, apparently, into the usual state of anæsthesia. Immediately, I slipped a spatula above the matrix, and the nail was out. Upon looking up, I observed the part of the face which was uncovered, very pale, and the eye half closed and fixed. The pulse was hardly perceptible. Instantly the sponge was removed, the patient laid upon the floor, and the windows thrown open. Water was dashed upon his face and breast, his legs elevated, ammonia applied to nostrils, artificial respiration, and finally electro-magnetism. He was dead.

When first laid upon the floor, the region of the neck and face in the near vicinity of the ear was purple.

From the time of the *first* application of the sponge, to the moment he ceased to breathe, could not have been more than, if so much as, five minutes. The *whole* quantity of tr. of chloroform used was, by careful measurement, exactly "two ounces and five drachms."

The above is simply a relation of the facts of the case. Since the occurrence, however, I have learned from the attendants and others that the patient's conduct in the ward during the day was different from usual. While smoking a cigar in the ward, and being told by the nurse he should have to report him to me if he did not desist, he answered impudently, and continued the offence. This was quite unlike his customary behaviour.

Permit me to add my impression or hypothesis concerning the sudden termination of this case. When I took the first step in the operation, he was in a state of excitement, partly from having taken two or three inspirations of the tr. chloroform, and partly from resisting my assistants. Might not the agony, experienced at this time, have caused a faintness which would have declared itself, fully, at a moment later, if the sponge had not been reapplied? The effect of the agent used, combined with the great shock to the nervous system from pain, and the incipient syncope, all falling together, united in producing that condition from which we were unable to arouse him.

J. B. S. Jackson, M. D., will append his notes of the *post-mortem* examination, made by himself, the following-named gentlemen being present: Drs. S. L. Abbott, T. S. Ainsworth, C. E. Buckingham, H. J. Bigelow, H. G. Clark, G. L. Fox (U. S. N.), J. S. Jones, A. Poor, S. Parkman, C. G. Putnam, C. H. Stedman, C. Warner, J. Mason Warren, A. T. Willard, and Theodore Metcalf, Esq.

Autopsy, about twenty-four hours after death. Colour of muscles not remarkable, nor the amount of rigidity. Blood dark, and quite liquid in the large veins, the thoracic aorta, and the heart, excepting a small quantity of soft gelatiniform fibrin in the right ventricle. Heart moderately firm. Lungs not remarkable in regard to colour or congestion; there being no trace of the bright scarlet colour that was found in the case of death from chloroform that occurred in this city in March, 1849, and an account of which was published in the *Boston Medical and Surgical Journal* by Dr. Jeffries. And neither was there the rapid decomposition that was so marked in that case; there being no discoloration, though the examination was more than usually offensive. The stomach and lower half of the small intestine contained a large quantity of undigested food; extensive cadaveric softening of the mucous membrane of the first; and some chyle in the lacteals. The spleen

was extensively diseased, as was also the left kidney, and, to some extent, the right; the affection being apparently of the nature of chronic inflammation. The head, as well as all of the organs of the thorax and abdomen, were fully examined, but nothing further was discovered.—*Boston Medical and Surgical Journal.*

—

Sudden Death from Chloroform.—The *New Haven Journal* of April 12, has an account of the sudden death of Mrs. Emily Norton, 24 years of age, while inhaling chloroform for an operation upon her teeth —Dr. Park being the dentist.

She was allowed to inhale the chloroform, in very small quantity, for several minutes; and almost while she was saying she felt no effect from it, and was asking for its more free administration, the doctor noticed the pulse suddenly to fail. Within three or four minutes from the time this change was noticed, all signs of life were gone, and the most vigorous efforts to resuscitate the woman proved unavailing. The quantity of chloroform used was much less than is commonly administered in surgical operations; and the operator is regarded as a skilful, judicious, and prudent physician. At his request, a jury of inquest has been called to make a full and public investigation of the circumstances of this painful case. A number of witnesses were examined, who testified that but half a drachm of chloroform was used, which was applied by inhaling from a sponge moistened with it. It was administered at the earnest request of the patient, and hardly any perceptible effect had been produced upon her before she died. Drs. Knight, Foot, Hooker, Jewett, N. B. Ives, Tyler, and Wheat testified that more than ordinary care had been used in administering the chloroform, and that they should not have anticipated any fatal result from it in a similar case. The jury of inquest declare in their verdict that Emily Norton came to her death in consequence of the use of chloroform administered to her, at her earnest request, by Dr. C. A. Park, of that city, preparatory to a professional operation, and that, according to the uniform testimony of all the witnesses, the said chloroform was administered in less than the usual quantity, and with great caution, and without any want of medical or surgical skill on the part of the said Dr. Park.

Statistics of the Mortality of Philadelphia in the years 1849, 1850, 1851.

Interments in the City and Liberties of Philadelphia.

Year.	1849.	1850.	1851.
January	542	469	568
February	541	570	599
March	701	719	774
April	622	597	609
May	522	621	634
June	914	829	814
July	1782	1045	1056
August	1239	1225	1026
September	994	647	675
October	565	565	565
November	466	636	770
December	659	550	751
Total	9547	8473	8841

Excess of deaths in 1849 over those in 1850 - - - - - - 1074

Excess of deaths three cholera months of 1849, over same period of 1850 - - - - - - 1098

Excess of deaths in 1849 over those of 1851 - - - - - - 706

Largest number of deaths in any one week within the above 3 years, occured in that ending July 21, 1849. 505

Smallest number of deaths in any one week within ditto (and for a considerable time previous, probably *many* years) occurred in that ending January 26, 1850, only, 96

Smallest ditto in 1851, week ending January 4 - - - - - - 108

Largest ditto in 1851, week ending July 19, - - - - - - 281

Of the total number of deaths in 1851—3998 were *adults*, and 4843 *children*—attributed to *diseases of the lungs or air-passages* 2010, or about 23 per cent. of the whole. To *old age* 178—*Drowned* 63—*Suicide* 13, &c., &c. Again, of the whole number (8841) 4431 (including 470 stillborn) were under 5 years of age; and of this 4431, there were 2592 under one year of age.

It may be proper to remark, that the 3d, 6th, 9th, and 12th months of 1849—the 3d, 6th, 8th, and 11th months of 1850—the 3d, 6th, 8th, and 11th months of 1851, are each composed in the above statistics of *five entire weeks*. Also, that after deducting the *excess* of the three *Cholera months*, from the total of 1849, only 24 *more* deaths occurred during

1850 than in the preceding year, and this, too, with a rapidly increasing population.

(NOTE.—This *last* comparison is again introduced, for the purpose of correcting an error that crept into the statistical account of 11th month, 1849, published in the number of this Journal for May, 1851, p. 36, and from which an equally erroneous deduction was made.)

The Weather in Philadelphia, from 1835 inclusive, up to and including the Year 1851.

	Rain during some portion of the 24 hours.	Rain the whole, or nearly the whole of the day.	Total number of days on which rain fell during the year.	Snow, including very slight falls thereof.	Cloudy days without storming, including those partially overcast.	Total number of cloudy days.	Total number of clear days in the ordinary acceptation of term clear.
Average for Ten Years, immediately preceding 1845	84	29	113	24	58	195	170
Statist's for 1845	98	25	123	27	70	220	145
Do 1846	90	33	123	22	81	226	139
Do 1847	32	94	126	20	69	215	150
Do 1848	111	20	131	21	69	221	145
Do 1849	93	25	117	29	82	228	137
Do 1850	112	27	139	31	57	227	138
Do 1851	97	21	118	22	87	218	147
Making an average for the last 17 years, about as follows—	90	34	124	21	71	219	146
The average for the years 1835 and 1836 was	63	24	91	17	37	145	220
While that for 1850 and 1851 has been about	104	24	128	27	68	223	142

* For particulars of this 10 years' average, see our number for May last, p. 37.

Monthly Statistics of same Character for 1851.

January,	4	1	5	3	11	20	11
February,	7	2	9	3	8	20	8
March,	3	2	5	5	10	19	12
April,	7	6	13	0	5	18	12
May,	12	2	14	0	5	19	12
June,	12	0	12	0	5	17	13
July,	13	1	14	0	5	19	12
August,	11	1	12	0	4	16	15
September,	11	0	11	0	4	15	15
October,	8	2	10	0	4	14	17
November,	7	3	10	4	7	21	9
December,	2	1	3	7	10	20	11
	97	21	118	22	78	218	147

Average Temperatures at 9, 12, and 3 o'clock, respectively, also the mean temperature of same hours, and that of sunrise and two o'clock P. M., for the past two years—the latter mean is generally looked to as the standard for comparison.

1850.

	o'clk. 9	o'cl'k. 12	o'cl'k. 3	Mean of 9, 12 & 3	Mean of Sunrise & 2 P.M.
Jan.	34	39	41	38	37
Feb.	36	41	43	40	38.6
March	38	44	47	43	40.9
April	49	56	58	54.3	50.3
May	59	65	68	64	59.8
June	71	79	83	77.6	74
July	76	83	86	81.6	79.2
August	71	77	81	76.3	74.5
Sept.	65	71	75	70.3	68
Oct.	53	61	64	59.3	57.4
Nov.	46	50	53	49.6	49.5
Dec.	35	38	39	37.3	37
Av Mean Temperature for year.				57.60	55.50

1851.

	o'cl'k. 9	o'cl'k 12	o'cl'k 3	Mean of 9, 12 & 3	Mean of Sunrise & 2 P.M.
Jan.	33	39	41	37.6	37
Feb.	38	43	46	42.3	41
March	41	41	51	44.3	44.5
April	51	57	61	56.3	51
May	61	70	74	68.3	64.5
June	69	78	81	76	72
July	77	83	85	81.3	78
August	70	78	80	76	74
Sept.	64	72	79	71.6	69
Oct.	55	61	63	58.3	58.5
Nov.	41	45	46	44	43.5
Dec.	28	32	33	31	31.5
Average mean, &c.				57.60	55.37

Amount of Rain that has fallen during various years.

Average from 1830 inclusive up to 1835, 41 3-5 in.

Average from 1835 inclusive up to 1840, 49 in.

Average from 1840 inclusive up to 1845, 41 1-5 in.

Average from 1845 inclusive up to 1850, 43 2-5 in.

Amount during the year 1850, the unusual quantity of, 54 1-2 in.

Amount during the year 1851, only 35 4-5 "

The above is compiled from the record kept at the Pennsylvania Hospital, from which we find that, from 1830 to 1851 (both inclusive),

The smallest quantity fell in the years 1834, 34 in. and 1848, 35 "
The largest do do 1841, 55 " and 1850, 54½ "

It may also be observed, by comparing these statistics with previous ones, that,
The smallest number of days in any year since 1834, during some portion of which rain has fallen, was 88 in 1837
The largest do do 139 in 1850
While the *average* number during the same period has been 124

Also, that there has been but one year *since* 1834, when so small a quantity has fallen as the present, viz.: in 1848, and then only about an inch and a quarter less, while the *average* for the past 21 years is nearly 42 inches.

—

Medical Department of the University of Maryland.—We have received the "forty-fifth Annual Circular and Catalogue of the Medical Department of the University of Maryland," and are happy to see that this respectable Institution appears to be in a flourishing condition. Its catalogue of Students contains *one hundred and sixty-three names*, and the list of graduates *forty-seven*.

We miss from among the Faculty the name of Dr. Power, nor does the pamphlet afford any indication of the cause of this absence from the list of one who had done so much to restore the character of the school, and to promote medical science in his native city. The friends of the Institution will be disappointed at not finding in the published announcement the reasons of so important a change; they may hope, meanwhile, that the present incumbent, Dr. Chew, will allow his department to lose none of the interest and usefulness it attained to under his immediate predecessor.

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FOREIGN INTELLIGENCE.

Death from Chloroform.—In our domestic intelligence will be found notices of two deaths from chloroform which have recently occurred in this country; and we find in our late English Journals an account of another which is well calculated to make a deep impression on the public mind, demonstrating as it does the danger of that anæsthetic agent, and the impossibility of always guarding against its fatal effects. This case occurred where of all places it should have happened in order to teach a salutary lesson of caution, in St. Bartholomew's Hospital, London, where it has been boasted that it had been successfully administered in upwards of nine thousand cases without its employment leaving a stain on its character as an innocuous agent of good. The subject of this case was a young man only 23 years of age, affected with aneurism by anastomosis, implicating the ear and a portion of the scalp behind it, and which had commenced when the patient was four years of age. He was admitted into St. Bartholomew's Hospital, and Mr. Lloyd determined to attempt its cure by ligating the vessels supplying it. Chloroform was given to the patient, and he was kept under its influence for half an hour, the operation having proved a tedious one. He recovered from its influence without any ill effects. The tumour was not, however, entirely obliterated. A little over a month after this operation, Mr. Lloyd found, on examination, an artery between the angle of the jaw and the mastoid process, which pulsated strongly, and on compressing it so as to arrest the circulation in it, the pulsation in the tumour entirely ceased. Mr. Lloyd determined to apply a ligature to it. Chloroform was again administered by the careful and experienced assistants of the hospital, and the article used was from the same bottle which had been administered in the previous operation. In from five to ten minutes, he came under the influence of the article, and Mr. Lloyd commenced the operation. Scarcely had he incised the skin, when his assistant informed him that the patient's pulse was sinking, and before any restoratives could be applied he ceased to breathe. Every means that could be devised were resorted to to reanimate him, but

without success. No morbid changes of any organ could be found on *post-mortem* examination to explain the fatal occurrence, but the blood appeared to have been poisoned. "It was fluid, and it remained without coagulation after its escape from the heart and vessels. It had also a brownish purple hue, much like that which is commonly observed in the spleen; none of it, when thinly spread out, presented the ordinary dark, black, or crimson hue of venous blood."

Of all the cases which have hitherto been recorded this is the best calculated to teach a lesson of caution in the administration of the drug. But for the unfortunate administration of chloroform the patient might have lived to the ordinary limit of human existence. It was beyond the reach of human foresight to have anticipated the result in this case. The chloroform used was pure—it had been employed previously without any observable ill effects; there was no idiosyncrasy in the patient forbidding its employment, for he had previously been under its influence with apparent impunity. That there was no want of caution and skill in its administration we have assurance, in the fact that it was given by the experienced assistants of the Hospital; and that there was no organic disease forbidding its employment, was demonstrated by the autopsy.

—

Dislocation of the Thumb; M. Roux's method of Reduction.—M. Demarquay has published, in the *Bulletin de Thèrapeutique*, certain experiments of his which were undertaken to ascertain the actual state of parts in luxation of the thumb The case which directed M. Demarquay's attention to the subject is the following: A lady, in leaving her carriage, fell upon the pavement with outstretched arms, and a dislocation of the thumb ensued. M. Demarquay thus describes the state of the parts: The thumb was forced backwards, and formed an obtuse angle with the corresponding metacarpal bone, whose phalangeal articulation projected under the muscles of the thumb. The ungual phalanx was flexed, and all movements of further flexion or extension were impossible. M. Demarquay used all known means of reduction without success, and M. Roux was called in previous to muscular section. The latter surgeon used the same tractions as had before been done; but before flexing the thumb he rotated it inwards, whilst he made forcible flexion, and reduction was thus obtained.

M. Demarquay was struck with this result; he made several experiments on the subject, and found that, in a complete luxation of the thumb backwards, the following changes take place: The metacarpal extremity of the first phalanx comes to rest on the posterior portion of the articular surface of the first metacarpal bone; and the phalangeal extremity of the latter projects under the skin, after having passed through the two portions of the flexor brevis pollicis, the external portion being frequently torn. This phalangeal extremity of the first metacarpal bone is thus caught in a loop formed externally by the outer part of the flexor brevis and the abductor, and internally by the inner portion of the flexor brevis, the adductor pollicis, and the strong tendon of the flexor longus pollicis. That these are really the phenomena which take place has been ascertained by the experiments of Messrs. Pailloux, Vidal, Malgaigne, Lisfranc, and Laurie. Inspections of individuals who have died with this luxation, have shown besides that the anterior ligament is always ruptured close to the metacarpal bone, and that it is carried along with the posterior portion of the luxated first phalanx. As in the above-mentioned experiments both lateral ligaments, or at least the external, were always ruptured, the theory of Dupuytren and Rey falls to the ground. If, then, the difficulty of reduction cannot be ascribed to the persistence of the lateral ligaments, nor to the force of the anterior ligament, the main obstacle must lie in the muscular loop, which is slung round the head of the metacarpal bone.

In summing up, M. Demarquay gives the following rules: 1. To use a sufficient amount of traction (with Charrière's forceps) on the luxated bone, in the direction of the axis of the thumb. 2. To push back with the operator's thumb, or left index finger, the head of the metacarpal bone, and keep it quite steady, so that, when flexion is made, the head may not be thrust further into the palm of the hand. 3. When extension is carried to a sufficient extent, rotation either towards the outer or inner side should be made, so that the head of the metacarpal bone may be freed from the muscular loop which is keeping it strangulated. This being done, the traction should be continued until the posterior part of the first phalanx

has reached the level of the head of the metacarpal bone. Flexion is then to be made, whilst at the same time the left thumb of the operator forces backwards the displaced part of the first metacarpal bone.

—

Another Remedy for Tænia.—There is a plant called Muscuna, a native of Abyssinia. M. PRUNESBY (*Neue Med.-Chir. Zeitung*) professes to have used it in several cases with complete success. He was first apprised of its value by an interpreter, a native of Gondar, who had experienced its benefit in his own person. Its action differs from that of the kousso, inasmuch as it destroys the worm without inducing diarrhœa. It is given in the form of powder of the root, the dose being an ounce taken fasting.

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Elimination of Poisons.—M. F. ORFILA, the professor's nephew, has read a paper before the Academy of Sciences of Paris, on the above subject. He states that a great number of poisons, after being absorbed, mix with the products of the various secretions, as urine, perspiration, saliva, gastro-intestinal fluids. All poisons do not pass into these secretions, but the majority of them may be discovered in the urine. It is rather a remarkable fact, that arsenic and iodine do not pass into the bile. These are the only substances which have hitherto been sought in that secretion; it is, however, probable, that the same results will be obtained when other poisons are thus tried. Noxious principles are gradually expelled from the body in the manner above described—some in a short time, as arsenic and mercury; but others may be detected in the substance of the viscera, four, five, and even eight months after their introduction. The more the urine carries off a poison, the sooner will the latter be expelled from the economy. Arsenic and mercury pass into the urine so early as the seventh day after their introduction into the system, and they are quite expelled in a few days. Lead and copper are not detected in the urine, and the entire expulsion of these metals does not take place for eight months.

When a poison is absorbed, very good service may be rendered by the use of diuretics, purgatives, and diaphoretics. Still, a poison may be lodged in the economy, without our being able to suspect the fact by the analysis of the urine. As that portion of the poison which has been absorbed gradually decreases up to a certain period, it is quite impossible, and even absurd, to attempt calculating the amount of the poison which has been administered by the quantity found in the viscera, putting other sources of error out of the question, such as vomiting, loss during experiments, &c.

It is an error to suppose that, because a poison remains a long time in the system, it will continue so for an indefinite period, for when nitrate of silver is administered to dogs, the metal may be found in the liver five months afterwards, but not after seven months. It must be supposed that the mercury, lodging so long in the viscera, becomes in some degree *tolerated* there. M. F. Orfila believes, with his uncle, that antidotes may do much good, and neutralize the action of certain poisons, even when the latter have already passed into the blood, the liver, spleen, &c., both by forming less poisonous compounds, and by giving rise to certain combinations, which are more easily eliminated.

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The New Metropolitan Albert Park.—We are glad to learn that Lord John Manners, the present chief of the Woods and Forests, is anxious to carry out the intentions of his predecessors, in giving to the large population occupying the north-eastern portions of this vast metropolis, the advantages to be derived from possessing a place of retreat and recreation, where, issuing from their close and pent-up abodes, they may enjoy the fresh air and sweet face of nature. We have taken great interest in the accomplishment of this measure, feeling assured no less of its sanitary than political importance. It is the duty of all governments to look well after a healthful state, both of the body and mind of the people. We trust, therefore, that the Chancellor of the Exchequer will also do his best in the business—nothing is to be done without "the ways and means;" and, as the Bill was ready for the House of Commons previous to the breaking up of the last administration, we can see no reason why it should not be passed this session, and the work actively pushed forward. It is perfectly astounding to see the immense bodies of brick and mortar which are rising up in this and every other direction around the metropolis; we must have space left for the lungs.